**Indiana State Medical Association (ISMA)**

**CME JOINT PROVIDER ACTIVITY BUDGET AND DOCUMENTATION OF COMMERCIAL SUPPORT/GRANTS TEMPLATE**

The Joint Provider will, at the conclusion of the activity, fill out and submit an Activity Budget, detailing all revenue and expenses associated with the activity, including all commercial support and grants. This information is kept on file by the ISMA. While a template is included below, you may choose to use your own.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of CME Activity** |  | | |
| **Activity Date** |  | **Activity Location** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income Category** | **Budget** | **Actual** | **Expense Category** | **Budget** | **Actual** |
| **Registration Fees** |  |  | **Marketing** |  |  |
| **Meal Charge** |  |  | Save-the-date cards |  |  |
|  |  |  | Brochure |  |  |
|  |  |  | Advertisements |  |  |
| **Subtotal** |  |  | Mailing Labels |  |  |
| **Commercial Support (List Sources)** |  |  | Postage |  |  |
|  |  |  | Other (Specify) |  |  |
|  |  |  | Other (Specify) |  |  |
|  |  |  | **Subtotal—Marketing** |  |  |
|  |  |  | **Meeting Space and Logistics** |  |  |
| **Subtotal—Commercial Support** |  |  | Audiovisuals |  |  |
| **Exhibitors (List Sources)** |  |  | Audience response system |  |  |
|  |  |  | Meeting room rental |  |  |
|  |  |  | Hotel Lodging (faculty/staff only) |  |  |
|  |  |  | Meals |  |  |
|  |  |  | Syllabus and other handouts |  |  |
|  |  |  | Supplies |  |  |
|  |  |  | Other (Specify) |  |  |
|  |  |  | **Subtotal—Meeting Space/Logistics** |  |  |
|  |  |  | **Honoraria and Travel Expenses (list faculty)** |  |  |
| **Subtotal—Exhibitors** |  |  |  |  |  |
| **In-kind Contributions** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Subtotal—In-kind Contributions** |  |  | **Subtotal—Honoraria/Travel Expenses** |  |  |
| **Other (Specify—e.g., government)** |  |  | **Other Expenses** |  |  |
|  |  |  | Administrative fee (Joint Provider Fee) |  |  |
|  |  |  | Operational expenses |  |  |
|  |  |  | Other certification fee |  |  |
| **Subtotal—Other** |  |  | **Subtotal—Other Expense** |  |  |
| **TOTAL INCOME** |  |  | **TOTAL EXPENSES** |  |  |
| **NET GAIN OR (LOSS)** |  |  |  |  |  |